

Non-HCBS STAR+PLUS Waiver Services

1. Applicant/Member Name	Medicaid No.	Date of Birth
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2. Third-Party Resources – Include Medicare, VA, CHAMPUS, private insurance or other payors. (Attach additional pages, if necessary.)							
Name of Resource	Policy No. (if applicable)	Contact Person Name	Area Code and Telephone No.	Type of Service Provided	Hours per Day	Days per Week	Duration/ End Date

3. Non-HCBS STAR+PLUS Waiver Medicaid Services – Include Texas Health Steps/Comprehensive Care Program (CCP), Day Activity and Health Services, Medicaid Home Health, Others. (Attach additional pages, if necessary.)						
Name of Resource	Contact Person Name	Area Code and Telephone No.	Type of Service Provided (Nursing, OT, PT, attendant, etc.)	Hours per Day	Days per Week	

4. Family and Community Supports – Include church groups, service organizations (Lions Club, Rotary Club, Boy Scouts). (Attach additional pages, if necessary.)					
Name	Provider Address/Telephone No.	Relationship	Type of Service Provided (transportation, meals, person services, etc.)	Hours per Day	Days per Week

5. Educational Services – (if applicable)			
Name of School	Address	Hours per Day	Hours per Week
Services Provided (include physical therapy, occupational therapy, speech, behavioral therapies, other)			

6. Signature	
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Signature – MCO Representative	Date